DOCUMENT RESUME

ED 363 818 CG 026 001

TITLE Division for Youth: Counseling Efforts Should Be Improved. Report 93-S-28.
INSTITUTION New York State Office of the Comptroller, Albany. Div. of Management Audit.
PUB DATE 4 Dec 92
NOTE 48p.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Antisocial Behavior; Correctional Rehabilitation; Counseling Effectiveness; *Counseling Services; Delinquency; *Institutionalized Persons; Juvenile Courts; Juvenile Justice; *Residential Programs; *Youth Problems; Youth Programs
IDENTIFIERS *New York

ABSTRACT

In New York State, the antisocial behavior of some youths causes them to be removed from their homes and placed with the state's Division for Youth. At Division facilities, youths are required to receive counseling/treatment services until they can be released into the community. An audit was conducted to determine whether the Division was effective in identifying and meeting the counseling needs of the youths in its care and in preventing youths from progressing into the adult criminal justice system. This document presents the report from this audit. The introduction reviews the background of the Division for Youth and explains the audit scope, objectives, and methodology. The next section discusses the finding that youths are often rearrested after they have been released from Division facilities and concludes that the Division does not provide adequate levels of counseling and community supervision. A section on the ineffectiveness of the counseling process notes that the Division does not have an effective client classification and movement system, that counseling needs are not adequately identified, that counseling services are not adequately planned and monitored, that many youths do not receive required residential counseling and community supervision, and that monitoring of youths when released to the community may be inadequate. The final section of this document notes that counseling services for youth sex offenders and substance abusers are not effective. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

CG

ED 363 818

State of New York
Office of the State Comptroller
Division of Management Audit

DIVISION FOR YOUTH

COUNSELING EFFORTS SHOULD BE IMPROVED

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

R. M. Malan

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

REPORT 93-S-28

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Edward V. Regan
Comptroller

CG026001

BEST COPY AVAILABLE

State of New York
Office of the State Comptroller

Division of Management Audit

Report 93-S-28

The Honorable Leonard G. Dunston
Director
Division For Youth
52 Washington Street
Rensselaer, NY 12144

Dear Mr. Dunston:

The following is our report on the effectiveness of the Division's counseling services.

This audit was performed pursuant to the State Comptroller's authority as set forth in Section 1, Article V of the State Constitution and Section 8, Article 2 of the State Finance Law.

This report was prepared under the direction of David R. Hancox, Director of State Audits. Other major contributors are listed in Appendix A.

Office of the State Comptroller
Division of Management Audit

December 4, 1992

Executive Summary

Division For Youth
Counseling Efforts Should Be Improved

Scope of Audit

The anti-social behavior of some youths causes them to be removed from their homes and community by the courts and placed with the Division for Youth. At Division facilities, youths are required to receive counseling and other treatment services until they make enough progress to be released back into the community.

Our audit addressed the following questions:

° Is the Division effective in identifying and meeting the counseling needs of the youths in its care?

° Are Division counseling efforts effective in preventing youths from progressing into the adult criminal justice system?

Audit Observations and Conclusions

Our audit identified serious deficiencies in the counseling and supervision provided to youth by the Division.

To be effective in its treatment of youths, the Division must ensure that the specific problems of each youth are addressed by the appropriate counseling. In 1984, the Division began development of a new "state of the art" client classification and movement system to ensure that youths' counseling needs are identified and that they are placed at those facilities best able to treat their needs. Although the Division's Director has acknowledged the importance of a client classification and movement system and made its development and implementation a priority, the system is only partially implemented eight years later. (See pp. 9-10)

We found that youth counseling needs were often not identified and when counseling needs were identified, treatment often was not provided. Additionally, the counseling provided in residential care did not meet Division requirements and youths in community care received less than half of the Division's required supervision contacts. Moreover, the Division's specialized counseling programs for sex offenders and substance abusers do not have the capacity to admit most of the youths who need this type of counseling. (See pp. 10-27)

A significant goal of the Division is to prevent and deter youths from progressing into the adult criminal justice system. In 1989 the Division studied the recidivism of youth in Division facilities released from 1983 through 1985. This study showed that over 76 percent of youth released from Division facilities were again arrested. Almost 67 percent were convicted of new crimes within 30 months of release. This study clearly indicates the Division is not effective in preventing or deterring a substantial number of delinquent youth from progressing into adult crime.

The Division's study mirrors our own review of the Division's case files. For a sample of 22 youths released from Division care in 1989, we found in each case the required level of counseling and community supervision was not provided. For these 22 youths, 19 (86 percent) had been rearrested, with 16 of those (73 percent) being convicted; most were rearrested for serious felonies such as burglary, assault, rape, and criminal sale of narcotics. (See pp. 5-8)

The following example typifies Division counseling efforts for most of the cases reviewed. One youth was placed in Division care in December 1986, for stealing subway tokens from turnstiles. His intake file indicated a substance abuse problem but he received no treatment while in residential care. He was released to community care in May 1988, but was returned to residential care in August 1988 because he was using crack cocaine and marijuana and had attempted suicide. He again received no substance abuse counseling in residential care. The youth was again released to community care in January 1989. Only his mother's call to the Division prompted community care to make contact with the youth. The youth was not seen by community care workers until March 1989. In April 1989, the youth made a community care office visit and the community care supervisor reported that the youth looked like he was on drugs. In May 1989 he was arrested and sentenced to five months at Rikers Island and five years probation for stealing tokens. He has been arrested seven times since then including a December 1990 arrest for the sale of narcotics. (See p. 7)

We conclude that the Division has not achieved one of its chief goals: to prevent and deter youths from progressing into the adult criminal justice system. Division officials need to reevaluate the effectiveness of the counseling services provided to youth.

Comments of Division Officials

Division officials agreed with the report's findings, conclusions and recommendations. They indicated that the audit came at a most appropriate time and that they have placed a special emphasis on revising both their existing Counseling Policy and the Case Management portion of their Classification and Movement System.

Contents

Introduction

Background 1
Audit Scope, Objectives And Methodology 1
Internal Control And Compliance Summary 2
Response Of Division Officials To Audit 3

Youths Are Often Rearrested After They Have Been Released

The Division Does Not Provide Adequate Levels of Counseling and Community Supervision 6

The Counseling Process Is Not Effective

The Division Does Not Have An Effective Client Classification and Movement System 9
Counseling Needs Are Not Adequately Identified 10
Counseling Services Are Not Adequately Planned And Monitored 12
Many Youths Do Not Receive Required Residential Counseling And Community Supervision 14
Monitoring Of Youths When Released To The Community 19

Youth Sex Offenders And Substance Abusers Are Not Adequately Treated

Counseling Programs For Sex Offenders Are Not Effective 24
Counseling Programs For Substance Abusers Are Not Effective 26

Appendix A

Major Contributors To This Report

Appendix B

Comments of Division Officials

Introduction

Background

The Executive Law authorizes the Division for Youth (Division) to establish, operate and maintain youth centers to prevent delinquency and youth crime. The Division serves youths whose behavior is so destructive that the courts have determined that removal from their home and community is necessary. The Division has responsibility for the treatment and rehabilitation of these youths. It uses counseling, education, vocational training and treatment of special problems in a variety of residential and community settings in attempting to execute their responsibility.

The Division has 45 residential facilities (residential care) and 17 local services offices (community care). The residential care program provides a range of services designed to help the youths develop the constructive social skills and positive attitudes necessary for success in the community. Youths are placed into residential facilities with various security levels, based on the crimes they committed, their criminal history, escape risk and history of violence. Division facilities range in security from secure to open access community-based group homes. Youths are supposed to remain in residential care until sufficient positive adjustment is made to warrant placement in the community. Community care builds on the improvements that youths made while in residential care by providing supervision and counseling contacts to help the youths adjust to the community. As of January 1991, the Division had approximately 2,200 youths in residential care and about 1,000 youths in community care. For the 1990-91 fiscal year the Division was appropriated approximately $134 million for the community care, residential care programs, and central office administration costs.

Audit Scope, Objectives and Methodology

We have audited the Division's system for providing counseling services to youths in both residential and community care for the period January 1, 1989 through July 31, 1992. An objective of our performance audit was to determine whether the Division had an adequate system to identify youth counseling needs, and whether appropriate treatment was being provided. Our second audit objective was to determine if Division counseling efforts are effective in preventing youths from progressing into the adult criminal justice system. To accomplish these objectives we reviewed applicable laws, rules, regulations, policies and procedures and verified Division compliance; interviewed Division

management and staff; visited Division facilities and community care offices; and tested Division case files and other documents pertinent to our audit. We also selected a random sample of youths released from Division care in order to match their criminal history files against information maintained by the New York State Division of Criminal Justice Services.

We conducted our audit in accordance with generally accepted government auditing standards. Such standards require that we plan and perform our audit to adequately assess those operations of the Division which are included within our audit scope. Further, these standards require that we understand the Division's internal control structure and its compliance with those laws, rules and regulations that are relevant to the Division's operations which are included in our audit scope. An audit includes examining on a test basis, evidence supporting transactions recorded in the accounting and operating records and applying such other auditing procedures as we consider necessary in the circumstances. An audit also includes assessing the estimates, judgments and decisions made by management. We believe that our audit provides a reasonable basis for our findings, conclusions and recommendations.

We use a risk-based approach when selecting activities to be audited. This approach focuses our efforts on those operations that have been identified through a preliminary survey as having the greatest probability for needing improvement. Consequently, by design, finite audit resources are used to identify where and how improvements can be made. Therefore, little effort is devoted to reviewing operations that may be relatively efficient or effective. As a result, this audit report is prepared on an "exception basis." This report highlights those areas needing improvement and does not address activities that may be functioning properly.

Internal Control and Compliance Summary

Our consideration of the internal control structure identified material weaknesses in the Division's system for providing counseling services to youth. These weaknesses are further described in the report sections entitled, "The Counseling Process Is Not Effective" and "Youth Sex Offenders and Substance Abusers Are Not Adequately Treated."

Our review of Division compliance with relevant laws, rules and regulations focused on Division compliance with Article 19-g of the Executive Law which sets forth the general functions, powers and duties of the Division. We found that the material weaknesses in the Division's system of providing counseling services to youth precludes the Division from achieving full compliance with

their mandated responsibility of preventing delinquency and youth crime.

Response of Division Officials to Audit

Draft copies of the matters presented in this report were provided to Division officials for their review and comment. Their comments have been considered in preparing this report.

Within 90 days after final release of this report, as required by Section 170 of the Executive Law, the Director of the Division for Youth shall report to the Governor, the State Comptroller and leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.

A copy of their complete response is attached as Appendix B to this report.

Youths Are Often Rearrested After They Have Been Released

A significant goal of the Division is to prevent and deter youths from progressing into the adult criminal justice system. To attain this goal, the Division needs to identify youth counseling and treatment needs and design individual programs that will result in a modification of youths' behavior. However, a 1989 Division study on recidivism of youth released from Division care between 1983 through 1985 showed that over 76 percent of youth studied were arrested for new crimes and almost 67 percent of the youth studied were convicted of new crimes within 30 months of release. These results show the Division is not effective in preventing or deterring a substantial number of delinquent youth from progressing into adult crime.

To determine the rate of recidivism for our sample, we asked the New York State Division of Criminal Justice Services (DCJS) to determine through a match of their arrest data base files whether, as of December 31, 1990 any of the 24 youths we randomly selected had been reported as arrested for felonies or misdemeanors. These youth had been released from Division care during the year ended December 31, 1989. We also reviewed Department of Correctional Services' (Department) records for one youth whose Division case file indicated that he had been arrested for rape shortly after release from Division care. Two of the 24 youths were eliminated from this review for the following reasons: one youth moved from New York State and arrest information was not available, and one youth under the Division's supervision in community care was killed while committing a drug-related crime.

According to the arrest information maintained by DCJS and Department records, we found that 19 (86 percent) of the remaining 22 youths in our sample were arrested after their release from Division care. Of the 19 youths that had been arrested for new crimes 15 had been sentenced to serve time, 1 was sentenced to probation and 3 had been arraigned but the DCJS records did not indicate the disposition.

The Division Does Not Provide Adequate Levels of Counseling and Community Supervision

We reviewed the Division's case files for the 19 youths that were arrested to determine whether the appropriate counseling and community supervision had been provided to the youths while they were in the Division's care. We found that, in each case, the required level of counseling and community supervision was not provided. The circumstances we found are so serious that the repeated failure of some of these 19 youths are included throughout this report to illustrate the consequences of the Division's failure to provide youths with appropriate treatment and supervision. Following are four typical case histories:

The circumstances we found are so serious that the repeated failure of some of these 19 youths are included throughout this report to illustrate the consequences of the Division's failure to provide youths with appropriate treatment and supervision.

1. A youth was placed in the Division's care because he had committed a rape. His probation officer also noted that the youth often smoked marijuana. Despite this background, during the youth's first five months in a residential facility, the Division did not provide the youth with any needed counseling as a sex offender or substance abuser. After five months, the youth was transferred to another facility, where he was provided sex offender counseling. However, Division records show that the sex offender counseling was ineffective. The Division's prognosis for this youth, just prior to his release, was poor to guarded. Division records indicate that the therapist learned that the youth's behavior toward female staff had been inappropriate and in some cases blatantly sexual. The youth had also taken advantage of what he knew to be an inconsistent system of reporting daily behaviors to the therapist. Additionally, despite the references in the file to his use of drugs, there is no documentation that he received any substance abuse counseling from the Division. The youth was released from the Division's care in February of 1989. He later admitted to heavy cocaine use during 1989 and in October of that year was arrested for two separate incidents of rape; one in August 1989 and another in September 1989. He was subsequently convicted of two counts of rape, three counts of sodomy and one count of kidnapping. He claimed he was under the influence of drugs at the time the crimes were committed. He was sentenced to a minimum of 62 years in prison. He is not eligible for parole until the year 2052.

... despite the references in the file to his use of drugs, there is no documentation that he received any substance abuse counseling from the Division.

2. A youth was placed in the Division's care because he had committed a robbery. Even though his case file contained indications of drug abuse, the Division did not conclude that the youth needed substance abuse counseling, and no such counseling was provided. The youth had already been released to the care of his mother when his community care counselor discovered that the mother used crack cocaine. Sixteen days later the youth admitted using crack cocaine and was finally placed into a private drug program by the Division. The youth was terminated from the drug program for rules violation. During the nine

months the youth was in community care, the counselor did not visit the youth's home as required. Also, the counselor failed to make the required contacts during the final one and a half months that the youth was in community care. Approximately one month after his release from Division care, the youth was arrested for burglary. He has subsequently been arrested for robbery, grand larceny, and drug possession.

3. One youth was placed in Division care in December 1986, for stealing subway tokens from turnstiles. His intake file indicated a substance abuse problem but he received no treatment while in residential care. He was released to community care in May 1988, but was returned to residential care in August 1988 because he was using crack cocaine and marijuana and had attempted suicide. He again received no substance abuse counseling in residential care. The youth was again released to community care in January 1989. Only his mother's call to the Division prompted community care to make contact with the youth. The youth was not seen by community care workers until March 1989. In April 1989, the youth made a community care office visit and the community care supervisor reported that the youth looked like he was on drugs. In May 1989 he was arrested and sentenced to five months at Rikers Island and five years probation for stealing tokens. He has been arrested seven times since then including a December 1990 arrest for the sale of narcotics.

Only his mother's call to the Division prompted community care to make contact with the youth.

4. A youth was placed in Division care because he was convicted for having 24 vials of crack cocaine. Despite this offense and a probation report which stated that the youth's family was heavily involved with drugs, the admissions workers did not identify a need for substance abuse counseling and no such counseling was provided by the Division. While in community care, the youth was arrested in another state for selling drugs and was sentenced to prison in that state. After returning to New York, he was arrested three times on drug charges and is currently imprisoned for a term of 1-3 years.

Based upon the Division's recidivism study and the results of our audit work, we conclude that the Division has not achieved one of its chief goals: to prevent and deter youths from progressing into the adult criminal justice system. This is due in part to the ineffective planning, monitoring, counseling, treatment and other weaknesses described in the balance of this report. We believe Division officials need to reevaluate the effectiveness of the counseling services provided to youth.

... the Division has not achieved one of its chief goals: to prevent and deter youths from progressing into the adult criminal justice system.

Recommendation

1. Re-evaluate the overall approach to providing counseling services to youth.

The Counseling Process Is Not Effective

If the Division is to be effective in its treatment of the youths in its custody, it must ensure that the youths receive the counseling services they need. In 1984, the Division decided that its old system for meeting the youths' counseling needs was not operating effectively and began development of a new "state of the art" client classification and movement system. The new system was to ensure that the youths had their counseling needs identified and were placed into the facilities that were best able to treat those needs within an assigned security level. The new system was also to provide for continuous monitoring of the youths' progress, allow for treatment revisions when needed, develop a database for improved service and capacity planning, and provide better information for program development and evaluation, resource planning and case management. The system forms the basis for the all subsequent Division decisions and residential placement actions.

Although the Division's Director has repeatedly acknowledged the importance of a client classification and movement system and made developing and implementing it a priority, the system is only partially implemented eight years later.

Although the Division's Director has repeatedly acknowledged the importance of a client classification and movement system and made developing and implementing it a priority, the system is only partially implemented eight years later.

The Division Does Not Have An Effective Client Classification and Movement System

We examined the status of the Division's Classification and Movement System and found that the Division has only implemented two of five parts of the system; those pertaining to assessing the security classification and identifying the counseling needs of incoming youths. The third part of the system that matches identified needs with available services is operational but it lacks the capacity to allow Division managers to fully achieve their objectives. The final two parts which monitor the progress of the youths have not been implemented. Further, there is no current estimate of when these last two parts will be implemented.

... management's inability to fully implement the system in over eight years affects their ability to address and treat youth counseling needs.

Division management's inability to fully implement the system in over eight years affects their ability to address and treat youth counseling needs. The system currently being used is a combination of an old outdated system, which in 1983 was found to be unworkable, and the two parts of the new system that are in place. Management took three years to propose a solution to the problems identified in 1983. It took another two years to put the first part, risk classification, in place (1988) and another year to put the needs identification part in place (1989). In the

BEST COPY AVAILABLE

following three years, management has not implemented the remainder of the system.

A major shortcoming of the system is the lack of an accurate and complete database to identify and update youth counseling needs. Without the database, management can not adequately plan for and develop necessary services. This is evidenced by the shortage of sex offender and substance abuse services. (See report section entitled Youth Sex Offenders And Substance Abusers Are Not Adequately Treated.) This shortage of services has resulted in a large proportion of youths not receiving the counseling necessary to help them deal with their problems before they return to the community.

Division management recognized the absence of a database system in this area effectively precluded program development and evaluation efforts, and reduced the agency's ability to address client needs for intensive treatment. While management anticipated having a database system in place by the end of 1990, the system is not operational yet and there is has no estimate of when a database will be developed.

Management needs to develop an effective classification and movement system. The lack of such a system has hindered management's ability to identify and treat youth counseling needs.

Recommendation

2. Division officials should refocus their efforts in developing a classification and movement system. A properly functioning system is needed to help improve the Division's ability to identify youth counseling needs.

Counseling Needs Are Not Adequately Identified

When a court places a youth in Division care, it identifies the date the youth will be received by the Division through a court placement referral. The Division uses this information to assign an intake worker to the youth. The intake worker is responsible for an initial assessment of the youth's problems and needs and for making treatment recommendations. On the basis of information obtained through interviewing the youth and the youth's family, as well as a review of the youth's case file, the worker should assess and document the youth's counseling needs on certain forms prescribed by the Division. These forms should be used to determine the nature and type of counseling that is to be provided to the youth.

In order to determine whether obvious counseling needs were identified by the intake workers making this initial assessment, we randomly selected a sample of 24 youths who were discharged from Division care during the 1989 calendar year. Our sample was selected from a printout of 1989 discharges provided by the Division by using a random number generator to select the youths from the list. We then compared the forms indicating the counseling needs for these 24 youths to the records in the youths' case files that would have been available to the intake workers when initial assessments were performed. We also reviewed the initial interviews with the youths and their families, if they were contained in the case files. Because the Division has determined that 58 percent of the youths they receive have a substance abuse problem and that 25 to 27 percent have sex offender problems, we restricted our examination of counseling needs to the areas of substance abuse and sex offenses.

We found that obvious counseling needs were not identified by Division intake workers for 8 of the 24 youths. In all eight cases, the unidentified need was for substance abuse counseling. For three of the youths, the substance abuse problem was subsequently identified by Division counselors and counseling was provided. For the remaining five youths, however, substance abuse counseling was not provided by the Division. In all five cases, the need for substance abuse counseling was clearly evident in the respective youths case files.

If counseling needs are not identified upon admission to the Division, needed treatment may not be provided. In such cases, the youth is less likely to be successfully reintegrated into the community and more likely to resume criminal behavior, as were the following two youths.

° The probation report for one youth stated that the youth had admitted to using and selling crack cocaine. This youth's mental health services report also stated that the youth used cocaine. However, the admissions worker noted only that the youth used marijuana and that substance abuse counseling was not necessary. The youth received no substance abuse counseling while in Division care. General counseling was also deficient. When released to community care, the youth received no home visits or phone calls from his counselor. Since his release from Division care he has been arrested three times on drug charges. He is currently serving 1-3 years.

° Even though a youth admitted to using drugs, the admissions worker did not identify a need for substance abuse counseling and the youth received no such counseling from the Division.

Two weeks after his release from the Division's care, he was arrested for possession and sale of drugs. He has subsequently been arrested three times on weapons and robbery charges. He was sentenced to serve one year for the weapons charge and was awaiting trial on the robbery charges.

Recommendation

3. Supervise and monitor intake workers to ensure they accurately identify counseling needs and recommend appropriate treatment.

Counseling Services Are Not Adequately Planned and Monitored

In order to ensure that each youth's counseling services are adequately planned and monitored, the Division requires that a Problem Oriented Service Plan (Plan) be prepared periodically. The Plan is to indicate (1) the youth's problems, (2) the plan of action to address these problems, and (3) the progress made in addressing these problems. The Plan is to be prepared within 45 days of the youth's admission to a residential or community facility, every 90 days thereafter, and within 30 days of release or transfer to another Division facility.

We examined the case files for the 24 youths in our sample who were discharged from Division care during the 1989 calendar year to determine whether the Plan had been prepared in accordance with Division requirements. As shown by the following table, the Plan often was not prepared as required, especially at community care offices.

Type of Plan	Number Required	Number Not in Case Files	Percent Not in Case Files
Residential Facilities			
Initial (45 days)	48	18	37.5%
Reassess (90 days)	77	28	36.4%
Release/Transfer (30 days)	51	22	43.1%
Residential Total	176	68	38.6%
Community Care Offices			
Initial	19	16	84.2%
Reassess	22	18	81.8%
Discharge/Transfer	17	12	70.6%
Community Care Total	58	46	79.3%

We discussed the missing Plans with officials from three residential facilities and seven community care offices. The Director and Assistant Director of one residential facility told us they did not know that the Plan was still required and therefore it was not prepared. At the other two facilities and seven community care offices, the officials could not explain the high frequency of failure to prepare Plans. In a prior audit of residential facilities (87-S-153, issued July 1988) we also found that counselors often failed to prepare the required Plans. The absence of the Plans indicates that counseling services may not have been planned and monitored as required. Without proper planning and monitoring, the youths in the Division's care are not likely to receive the treatment they need.

Recommendation

4. Ensure that youth treatment plans are carefully prepared for each youth placed in DFY custody as required by Division management.

Many Youths Do Not Receive Required Residential Counseling and Community Supervision

The Division stated that counseling is essential for the effective treatment of the youths in its custody and that if youths are to be successfully reintegrated into society, they must be closely supervised once returned to the community. We examined the counseling services provided in residential facilities and the supervision provided in community care offices. We found that the youths received far less counseling and far less community supervision than was required by the Division. As a result, we believe these youths were "short changed" by the Division and are far less likely to be successfully reintegrated into society.

... we believe these youths were "short changed" by the Division and are far less likely to be successfully reintegrated into society.

We did not try to analyze the quality of the counseling services provided in our examination of residential counseling services. If the Division provided documentation indicating that counseling was provided, it was accepted. While we recognize that counseling may not always bring about the desired changes in behavior, we believe that without needed counseling, youths have little chance of changing inappropriate behavior.

Counseling In Residential Facilities Is Not Adequately Managed

Based upon needs identified by Division professional staff, youths in residential facilities receive: general counseling (individual and group which is given to all the youths) and counseling for particular problems (such as substance abuse or sex offenses), which is given only to the youths who are identified as having those specific problems. We found that both types of counseling often were not provided as required.

We examined the case files of the 24 sampled youths who were discharged from Division care during the 1989 calendar year to determine whether the youths received counseling for the specific problems identified by Division intake workers. We limited our examination to substance abuse and sex offense problems. In total, 10 of the 24 youths were identified as needing counseling for these problems (seven youths needed counseling in substance abuse, two youths needed counseling for sex offenses, and one youth needed counseling for both problems). According to the case files, only five of the ten youths received any counseling in their areas of need. No such counseling was provided to the other five youths.

We also examined the case files for these 24 youths to determine whether general counseling sessions had been provided as required. According to Division procedures, each youth should receive at least one individual and two group sessions per week. Division regulations require that these sessions be documented

and that the documentation be maintained in the youths' case files. However, this documentation was present for only 7 of the approximately 5,900 counseling sessions that were required for the 24 youths while they were in Division residential facilities.

We believe that if needed counseling is not provided, youths are less likely to be successfully reintegrated into the community and more likely to resume criminal behavior. The following two youths, who were identified by our random sample of discharged youths, are examples of youths who did not receive needed counseling from the Division:

Two weeks after his release from the Division's care, he was arrested for selling drugs. After that arrest, he was arrested five more times for robbery.

° Even though a youth was diagnosed as having an aggressive, antisocial personality, his case file indicated that he received no individual or group counseling while in residence. After release to community care, he was arrested for drug possession. However, there is no evidence that he received any substance abuse counseling after his arrest. During his second community placement, which lasted nearly six months, he was not contacted at all by his community care counselor. Two weeks after his release from the Division's care, he was arrested for selling drugs. After that arrest, he was arrested five more times for robbery.

° At the time of admission, substance abuse counseling was recommended for a youth, but there is no evidence that this counseling was provided. The youth's case file also contains no evidence of either general counseling in residential care or contact during the last six months of community care. During community care, the youth was arrested on drug and weapons charges. After release, the youth was arrested for three separate crimes; selling drugs, robbery and burglary.

Facility officials could not provide the supporting documentation. They told us it was missing from the residential case files because it had been thrown away after the youths were discharged from the Division's care, (contrary to Division requirements) but could not substantiate this claim.

To determine if general counseling was being provided to youths currently in Division care we selected another sample at four Division facilities. Thirteen counselors were judgmentally selected and 195 case files of youths who were under their care during the period April 1, 1990, through October 31, 1990 were selected for review. The case files for the majority of these youths were examined for periods of three to four months. According to the youths' case files and other facility counseling records, these youths did not receive 56 percent of their required individual counseling sessions (1,077 of 1,924) and 45 percent of their required group counseling sessions (474 of 1,047).

BEST COPY AVAILABLE

Based on our analysis we conclude that inadequate management oversight is a primary cause for the residential counselors failing to provide youths with the required counseling.

Based on our analysis we conclude that inadequate management oversight is a primary cause for the residential counselors failing to provide youths with the required counseling. For example, Division management has not developed caseload standards for counselors at the facilities. In the absence of such standards, some facilities may become understaffed and unable to provide all the needed counseling. In fact, we identified five facilities without any counselors. According to the Division, counseling was being provided by the facility directors, whose primary responsibilities deal with facility administration. In analyzing caseloads at the facilities during the 1989 calendar year, we found that the caseloads varied widely. For example, at the Division's ten non-community based facilities caseloads ranged from a low of 9.8 to a high of 40.8. This indicates that some facilities may be understaffed while other facilities may be overstaffed. The results of our caseload analysis are shown on the following chart.

Type of Facility	Number of Facilities	Youth to Staff Ratio	
		Low	High
Open Access Community Based	17	6.2	21.6
Limited Access Community Based	4	3.6	7.9
Non-Community Based	10	9.8	40.8
Limited Source	9	6.9	11.9
Secure	5	5.0	7.3

Our prior audit of the Division's residential facilities (87-S-153) also identified widely varying caseloads for facility counselors, but Division management has not taken action to correct the problem.

Division management also has not developed guidelines indicating at what frequency and in what manner facility counselors should be supervised. We reviewed the supervisory procedures at the Pyramid, Parker, Tryon and Highland facilities and found them to be weak. For example, supervisors often did not ensure that counseling sessions were properly documented, review the notes documenting counseling sessions, or for that matter, ensure that the required sessions were provided. We found that many of these required sessions were not provided.

Community Care Is Poorly Managed

Youths who show adequate progress are usually released from residential facilities and placed into community care. Once in community care, they are required to comply with various conditions, such as attending school, obeying parents, following curfews, attending assigned programs, and abstaining from drugs and alcohol. In order to ensure that these conditions are met, and also to reinforce the lessons taught in the facilities, effective May 1, 1989 community care counselors are required to make a specific number of contacts with the youths each month. Prior to May 1, 1989, contacts were required but required frequencies had not been established. These contacts consist of phone calls, visits to the youths' homes by the counselors, and visits by the youths to the counselors' offices.

... community care counselors did not make 62.3 percent (127 of 204) of the required home, office and phone contacts with these youths.

In order to determine whether community care counselors made the required number of contacts we examined the case files of the 24 youths who were discharged from Division care during the 1989 calendar year, of whom only 17 were released to community care. Of these 17 youths, 5 completed community care before May 1989, 9 were in community care both before and after the May 1989 contact standards were established, and 3 were released to community care after the standards were established. According to the case files, after May 1, 1989, community care counselors did not make 62.3 percent (127 of 204) of the required home, office and phone contacts with these youths.

In order to determine whether the counselors were contacting the youths more often as a result of the new standards, we applied the standards to the period before May 1, 1989 for the youths in our sample. While the counselors did make more home visits after the standards were established, the overall improvement was small; only a 3.3 percent improvement. In order to determine whether additional time was needed for the new standards to become effective, we conducted a second analysis covering a later period. For this test, we judgmentally selected three community care offices (Brooklyn I, Brooklyn II and Albany) and reviewed the supervision summaries maintained by the counselors in those offices for the three months ended March 31, 1990. According to Division procedures, community care counselors are required to document all their contacts in these summaries. Our review showed that the counselors at these three offices failed to make 65.3 percent of the required home, office and phone contacts with the youths in their care during this period.

Contrary to Division procedures, during this three-month period, the counselors in these three offices did not submit about 20 percent of the supervision summaries that were required. Without these summaries, the counselors' supervisors are less able

BEST COPY AVAILABLE

to ensure that the counselors perform their duties adequately. The contacts covered by the missing summaries were not included in our review of counselor activities at these three offices.

... our analysis leads us to conclude that weaknesses in management oversight is a primary cause for community care counselors failing to make the required contacts with the youths under their supervision.

Again, our analysis leads us to conclude that weaknesses in management oversight is a primary cause for community care counselors failing to make the required contacts with the youths under their supervision. For example, although Division management did establish caseload standards for community care counselors, we found that these standards were not enforced. During the 1990 calendar year, the average number of youths assigned per counselor at the different community care offices varied widely from one another and from the Division standard of 37 youths per counselor. At nine community care offices (Binghamton, Newburgh, Elmira, Utica, Syracuse, Rochester, Buffalo Manhattan and Albany) caseloads ranged from 17.5 to 32; and five other offices (Brooklyn I, Brooklyn II, Long Island, Bronx and Queens) had caseloads ranging from 37.5 to 59.3.

In our review of community care contacts, we noted that fewer contacts were made in two downstate offices (Brooklyn I and II), where caseloads were much heavier, than in the Albany office, where caseloads tended to be light. If Division management shifted counselors from upstate offices to downstate offices, the caseloads could be leveled and downstate counselors should be able to contact their youths more often. Division officials told us that when staffing vacancies arise in upstate offices, they will try to transfer the positions to the downstate offices where caseloads are heaviest.

We also found that community care counselors were not closely supervised. For example, supervisors often failed to examine the counselors' summaries of contacts and did not review the progress of the youths as frequently as required by Division procedures.

Recommendations

5. Manage facility counseling activities to ensure that:
   - required counseling occurs;
   - all counseling is documented and that each youth's case file is properly maintained with counseling history information;
   - caseload standards are developed and enforced; and
   - guidelines for supervision of counselors are developed and followed.

6. Manage community care counseling activities to ensure that:
   - community counselors make all required contacts with the youths under their supervision;
   - caseload standards for community counselors are enforced;
   - community care counselors are properly supervised;
   - all community care counseling is documented and filed in appropriate case files; and
   - all community care counselor contacts made in service to assigned youth are documented and filed in appropriate case files.

Monitoring of Youths When Released to the Community

When a youth is released from a residential facility and placed into community care, the Division's Residential Care Unit notifies the Community Care Unit and the youth's new status is noted on the Division's automated case management information system. This system produces monthly placement information which includes the current location, the admission date and expected release date from that location for all youths in residence. This information allows Division management to plan for expected releases from residential care to community care. According to the Division's Community Care Manual, it is critical that a youth be contacted quickly after release to community care. The manual further states that the youth's experience immediately after release to community care is highly indicative of the youth's chances of being successfully reintegrated into the community.

In order to determine whether youths were contacted by community care counselors promptly after their release from residential facilities, we examined the case files of the 24 youths who were discharged from Division care during the 1989 calendar year. We found that one of the youths was not contacted promptly. This youth was released from a residential facility on

January 31, 1989, but was not contacted by a community care counselor until March 2, 1989. Division officials claimed that this delay was highly unusual. In order to verify this claim, we examined the case files for another 5 youths. These youths were selected from the active caseload in the Brooklyn I community care office on August 22, 1990. Once again, we identified a youth who was not contacted promptly.

We found that one youth, who was released from a residential facility on June 27, 1989, was never contacted by a community care counselor. After his release, the youth was arrested for robbery on September 10, 1989 and for forcible theft with a deadly weapon on October 18, 1989.

In order to determine whether there were similar delays in contacting other youths, we reviewed the case files for the 212 youths listed on the Division's automated case management information system for the Brooklyn I and Brooklyn II community care offices as of April 30, 1990. We found that one youth, who was released from a residential facility on June 27, 1989, was never contacted by a community care counselor. After his release, the youth was arrested for robbery on September 10, 1989 and for forcible theft with a deadly weapon on October 18, 1989. The youth was arrested three more times before being sentenced to a state prison for a term of one to three years.

Although we only identified three youths that were not contacted promptly upon release from residential care, it is notable that in two of the three cases, the youth reverted to previous antisocial behavior. While the cause of this reversion cannot be traced to the Division's lack of prompt contact, the Division failed to follow its own guidelines and that failure could have been a contributing factor to the youth's behavior, as shown in the prior example.

Recommendation

7. Ensure that youths released from residential facilities are contacted promptly by community care counselors.

Erroneous Caseload Reports

Our review of prompt contact compliance caused us to review caseload reports for the Brooklyn I and Brooklyn II community care offices. In this review we also identified several inaccuracies. These reports show each youth's assigned counselor, the dates of admission, transfer and release, and other important information. We found this information was inaccurate for 90 of the 212 case files we reviewed. Moreover, there were 16 youths who were assigned to the Brooklyn offices but were not included on the caseload report. Errors such as these significantly compromise the usefulness of the automated case management information system. With a system which provides unreliable information, Division management cannot effectively monitor the

movement of youth and there is no assurance that youth will be picked up by community care as required.

Recommendation

8. Ensure that caseload reports are complete and accurate.

Youth Sex Offenders And Substance Abusers Are Not Adequately Treated

A youth placed in Division custody may have behaved in such a manner that specialized counseling treatment may be required. Sex offenses and drug abuse are primary reasons to provide such treatment. It is therefore incumbent upon the Division to provide such treatment. Our audit thus focused on the Division's specialized treatment programs for sex offenders and substance abusers, for the following reasons:

* The Division has stated that 20 percent of all rapes are committed by adolescent males. Moreover, the average sexual offender is expected to commit 380 sex crimes in his lifetime, with a rapid increase in the number of victims as the youth moves from adolescence to adulthood. Further, according to the findings of a June 1990 State Senate report, "Sex offenders are more likely to recidivate than those convicted of other offenses. The repeat offender rate now averages 42 percent as compared to 19 percent ten years ago." The report concludes: "It is crucial that treatment be enhanced in New York State."

* The Governor, in his 1990 State of the State address, identified substance abuse among youth as "our number one problem" and stated that there is an unquestionable need for early State intervention in efforts to treat criminally involved youth. According to the Lieutenant Governor's Anti-Drug Abuse Council, "The relationship between drug and alcohol abuse and crime is well documented. Since effective treatment has been found to reduce criminal activity, a full continuum of care for chemically dependent offenders is essential. It is especially critical that efforts be focused on early intervention with troubled youth."

We found that the Division's programs for treating sex offenders and substance abusers are not effective. Specifically, capacity to provide treatment is far below that which is needed, staff training is inadequate, little treatment is provided to sex offenders once they are released to the community, and substance abuse treatment programs often do not last long enough to be effective. We also found that the Division has publicly misrepresented the treatment capacity of its sex offender program in that far fewer youths are treated by this program than claimed.

Counseling Programs for Sex Offenders Are Not Effective

In February 1990, the Division's Director told the Joint Legislative Fiscal Committee that about 25 percent of the youths in residential facilities (about 550 youths) were sex offenders. He further stated that between 50 and 60 percent of these youths (275 to 330 youths) were receiving specialized counseling for sex offense problems at six residential facilities (Highland, MacCormick, Harlem Valley, Tryon, Brookwood and Goshen facilities).

The programs at Highland and MacCormick are able to serve only 29 youths annually, which is about 5 percent of the targeted population.

However, when we reviewed the capacities of the specialized counseling programs at these six facilities, we found that they could accommodate only 87 youths a year, which is only 16 percent of the youths who need the counseling. Moreover, when we discussed the programs with the director of the Division's sex offense counseling programs, we were informed that only the programs at the Highland and MacCormick facilities were both staffed by fully trained counselors and of sufficient duration (one year) to be successful. (According to the Division's training records, only 33 percent of the counselors assigned to treat sex offenders had received the required training.) The programs at Highland and MacCormick are able to serve only 29 youths annually, which is about 5 percent of the targeted population.

We therefore conclude that the Division's counseling programs for sex offenders cannot possibly be effective in addressing the full extent of the problem among the youths in its custody.

We therefore conclude that the Division's counseling programs for sex offenders cannot possibly be effective in addressing the full extent of the problem among the youths in its custody. Consequently, many of the youths released by the Division are at risk of committing further sex offenses. We also conclude that, in his statement to the Legislature, the Division's Director overstated the Division's capacity and ability to treat sex offenders. As a result of this overstatement, the Legislature and the public may not understand the true extent of a serious problem.

We also identified other deficiencies in the Division's counseling programs for sex offenders. For example, according to the Division, the most effective method of protecting the community from further sex offenses is to provide a continuity of treatment as the youth moves into increasingly less restrictive settings. However, the Division has not developed the capability to provide extensive sex offender counseling to the youths in community care. We determined that, during the 1990 calendar year, the Division had contracts with only two community providers. These providers had the capacity to treat only 14 youths. We also found that the Division does not track the treatment of sex offender youths at other non-contract providers and therefore do not know how many (if any) youths are being treated.

... the Division has not developed any treatment programs for youths who are sex offenders but are at risk of being victimized in a regular sex offender program.

We also found that the Division has not developed any treatment programs for youths who are sex offenders but are at risk of being victimized in a regular sex offender program. These youths, who tend to vacillate between being sex offenders and sexual victims depending on the circumstances, cannot be effectively treated in a standard sex offender program because of the likelihood of victimization by other youths. One Division facility, Oatka, is programmed for the learning disabled, but according to the facility Director has historically had the Division's highest proportion of this type of sex offender. Further, the facility Director stated that sex offender intervention for these youths has been minimal because the facility lacks sufficient resources. He stated that these youths have a special need for which no program presently exists. The lack of a specific program to serve this type of sex offender was confirmed by the Division's Sex Offender Specialist who stated that there is no program but that there should be.

Recommendations

9. Develop specialized counseling programs for sex offenders that adequately address the full extent of the problem among the youths in the Division's custody, both in residential facilities and in community care. Ensure that the programs are of sufficient duration and are presented by fully trained counselors.

10. Accurately report the Division's ability to treat sex offenders in future statements to the Legislature.

Counseling Programs for Substance Abusers Are Not Effective

The Division estimates that between 1985 and 1989, the number of youths admitted to residential facilities for drug offenses increased ten-fold, and that as of January 1990, 58 percent of the youths in the facilities (almost 1,300 youths) had a substance abuse problem that required immediate attention. To address this problem, the Division developed specialized substance abuse counseling programs at several of its facilities.

Division officials told us these specialized programs can treat 506 youths annually at nine facilities. However, when we contacted the facility officials in charge of the programs, we were informed that there were only eight programs in operation at the end of 1990 and that these programs could treat only 262 youths annually; only 12 percent of the youths who need the treatment. As a result, most of the youths in the Division's care with substance abuse problems do not receive any specialized counseling to address their problems and are therefore at serious risk of abusing drugs when they return to the community.

We also identified significant weaknesses in the eight counseling programs that are provided. According to the Division's Director of Mental Health and Counseling a youth should spend at least ten months in a specialized substance abuse counseling program to be effectively treated. However, only three (Goshen, Highland and MacCormick) of the Division's eight programs treat youths for at least ten months; the other five (Cass, Industry, Tryon, Tryon Girl and Annsville) provide treatment for periods ranging from 3.5 to 6 months.

Together, the programs at Goshen, Highland and MacCormick are able to treat only 57 youths annually. As a result, fewer than 5 percent of the youths with substance abuse problems receive specialised counseling programs that are appropriately designed.

Together, the programs at Goshen, Highland and MacCormick are able to treat only 57 youths annually. As a result, fewer than 5 percent of the youths with substance abuse problems receive specialized counseling programs that are appropriately designed.

Even in those cases where the specialized counseling programs last long enough to be effective, the counselors may not be adequately trained. According to the Division's training records, as of December 20, 1990, only 6 of the 20 counselors in the specialized programs had enough training to qualify as certified substance abuse counselors. Of the remaining 14 counselors, 6 had some training, but not enough to be certified, and 8 had no substance abuse training at all.

While youths who have already abused drugs and alcohol need more intensive counseling in substance abuse, most youths who are placed with the Division need some counseling in this critical area. This need was recognized by the Division in 1984. The Division planned to provide all of its counselors with training in

substance abuse counseling by the end of 1990. Despite these commitments, a test of training provided for 25 staff showed the substance abuse training for residential counselors did not begin until March of 1988. Also, according to a Division official, substance abuse training for community counselors did not formally begin until November of 1990. According to the Division's training records, as of December 20, 1990, only 18 percent of the residential and community counselors (44 of 240) had received substance abuse training. In addition, only 20 percent of these counselors' supervisors (26 of 133) had received this training. As a result, the Division is not able to provide adequate substance abuse counseling to many of the youths in its custody.

Recommendations

11. Develop specialized counseling programs for substance abuse that adequately address the full extent of the problem among the youths in the Division's custody. Ensure that the programs are of sufficient duration and are presented by fully trained counselors.

12. Provide substance abuse training to all counselors as quickly as possible.

Major Contributors to This Report

Harvey Goodman, Audit Manager (Retired)
Frank Russo, Audit Manager
Ron Skantze, Audit Supervisor
Joe Quinlan, Auditor-in-Charge
Todd Seeberger, Auditor-in-Charge
Sharon Whitmore, Staff Auditor
Nancy Varley, Staff Auditor
Bill Canty, Staff Auditor
Brenda Carver, Staff Auditor

Comments of Department Officials

Division officials agreed with the report's findings, conclusions and recommendations. The full text of the Division's official response to our draft report is included on the following pages in Appendix B.

LEONARD G. DUNSTON
DIRECTOR

NEW YORK STATE EXECUTIVE DEPARTMENT
DIVISION FOR YOUTH
CAPITAL VIEW OFFICE PARK
52 WASHINGTON STREET
RENSSELAER, NY 12144

CHARLES M. DEVANE
EXECUTIVE DEPUTY DIRECTOR

October 21, 1992

OFFICE OF THE COMPTROLLER
OCT 21 1992

The Honorable Edward V. Regan
Comptroller, State of New York
A. E. Smith, State Office Bldg.
Albany, New York 12236

Dear Mr. Regan:

In response to Mr. David R. Hancox's letter of September 21, 1992, I've attached our Agency's response to your draft audit report "Division for Youth - Counseling Efforts Should Be Improved"(93-S-28).

This audit comes at a most appropriate time. As you know, the Division continues to expand its services to the youth entrusted to its care, balancing the objectives of reducing costs of care, meeting public demands for protection from crime and delinquency and improving the lives of the children placed in its charge.

In the past three years, the Division has: closed 22 group homes; expanded, with existing staffing resources, its secure capacity; launched several new low-cost, less restrictive programs like Evening Reporting Centers, Home Based Intensive Supervision and specialized foster care, and secured millions of dollars in federal grants. Today it is in the process of completing 12 new purpose-built facilities for hundreds of court-placed youth.

Even more remarkable, the Division made these improvements at the same time that it was forced to lay off over 400 of its 3,100 employees and, unlike the adult correctional system which has tripled its capacity, the Division still has roughly the same number of beds it had a decade ago, meaning that our system-wide improvements have been made without wholesale expansion.

Within this dramatically changing environment, and utilizing some suggestions from your audit, I have placed special emphasis on revising both our existing Counseling Policy and the Case Management portion of our Classification and Movement System.

printed on recycled paper

The enclosed response addresses not only these two major areas, but all of the other specific recommendations contained in your draft audit. Please feel free to contact me if you have any questions or wish to discuss this further.

Sincerely,

Leonard G. Dunston

Recommendation #1:

"Re-evaluate the overall approach to providing counseling services to youth."

Response:

The Division for Youth agrees with this recommendation. A review of the existing policy regarding counseling services identified a need for revision and elaboration to permit greater accountability and quality assurance. DFY's standing policy on **Counseling Services within Residential Facilities** has been in effect since April 1978; its language is outdated and lacks relevance to the agency's current mission. The policy also needs revision to reflect standards, accountability and quality assurance for program and services changes that have occurred since its original implementation. Program services have been revised in the areas of general social skill development, self-esteem building, moral reasoning improvement, emotional (anger) self-control, substance abuse prevention and sex offender interventions. Initial attempts to re-draft this policy were previously undertaken, but were placed on hold due to the forced layoff of over 400 of the Division's 3,100 employees in March 1991 and the launching of several new low-cost, less-restrictive, program alternatives during the past three years.

The Division has, however, reactivated this effort with the establishment of a work group to re-draft this policy. The work group will have a re-draft of this policy ready for review by December 1992. The revised policy will establish counseling procedures within the context of the Division's Classification and Movement System, including a revised Case Management component.

To assist the Division's residential and aftercare systems, the work group will outline the design for a Counseling Curriculum for the professional development of Counseling staff. At present, counseling approaches often reflect the training and philosophy of individual counselors and facility directors. Objectives of the work group will be to:

- solicit training modules from other state juvenile corrections agencies, and develop a required core training curriculum for all DFY counselors;
- develop a plan for the implementation and training of all DFY counselors;
- obtain funding from the National Institute of Corrections and the Public Employees Federation for technical assistance to provide for a statewide DFY Counselor Training Conference.

Another planned enhancement to the Division's counseling efforts is the standardization of recognized intervention strategies across the continuum of care, from maximum secure facilities to aftercare services. There currently is no uniformity or standard of counseling curricula or programs between Division facilities or even within facility programs. Until recently, there were no mandates requiring that facilities provide any specified counseling curriculum. The Division now requires all facilities to provide the AIDS Curriculum, and has recently mandated that within three years all DFY facilities must implement the ART (Aggression Replacement Training) Curriculum. A separate work group has been established with a timetable and agenda for attaining this objective. Other intervention strategies, such as Rites of Passage (cultural heritage education for youth), Taking Care (parenting skills training), Victim Awareness Education, Innervisions (alcohol and drug abuse education) and human sexuality education are being widely utilized or piloted in DFY facilities and will be evaluated for standardization. To fully realize the potential of these initiatives, the resources needed to train, implement and standardize a Core Counseling Curriculum in all DFY facilities within four years must be allocated.

The Division for Youth fully anticipates that realizing these objectives will more than adequately address the concerns expressed in the audit report.

Recommendation #2:

"Division officials should focus their efforts in developing a classification management system. A properly functioning system is needed to improve the Division's ability to identify youth counseling needs."

Response:

The Division for Youth concurs, and has been moving forward with the classification system. However, several factors have limited our ability to resolve certain issues.

Technical limitations in our computer system have severely impeded our efforts to refine the entire system. For example, manual operations still must be done in parts of the system. The Division for Youth is seeking a new system which will provide for our database needs and improve the overall classification system. This will allow us to use data in our long-term, strategic planning.

Secondly, owing to the State's fiscal climate, the Division has only recently been able to add beds, which in turn allow us to lengthen the stay of youth committed to us. Neither an effective counseling nor a classification system can reverse a lifetime of delinquency without a sufficient length of stay.

Lastly, the number of Division for Youth personnel assigned to the classification project has been steadily reduced due to the fiscal crisis.

Even in light of these difficulties, we have moved the system ahead. The Division has greatly enhanced the quality and accuracy of the intake material driving this system. This will be discussed further under Recommendation #3.

The Division is establishing a new Case Management System, which will be implemented system-wide by June 1993.

The Division also has fully implemented the Major Rule Policy within the classification system. We are confident that once resource issues are resolved, total refinement of the system will be completed.

Recommendation #3:

"Supervise and monitor intake workers to insure they accurately identify counseling needs and recommend appropriate treatment."

Response:

The Division agrees. Provision of appropriate treatment to a DFY-placed youngster is contingent on an accurate identification of the child's counseling needs, the availability of services and the ability to match the youth with the services. The identification process begins with the completion of the initial assessment instrument by the child's assigned Intake Worker. The Initial Youth Classification (IYC) forms the basis for assessing a youth's needs and indicating his or her risk level. This information is then considered to determine the child's initial placement facility.

Over the past year, the Division For Youth has implemented a monitoring system to ensure the accuracy of information contained on the IYCs. An internal DFY audit conducted by the Bureau of Population Management found the error rate for IYC data to be approximately 70% most of which was in New York City. This figure was unacceptable and indicated a need for immediate remedial action.

On January 27, 1992, the Bureau of Population Management began an extraordinary monitoring of all New York City IYCs for completeness and accuracy. Beginning that date and continuing through the end of April 1992, all NYC IYCs, formerly sent directly to DFY's Juvenile Contact System for processing, were first reviewed by the Bureau of Population Management. Forms which were incomplete or containing obvious inaccuracies were returned to Intake Supervisors for correction. Forms which were correct were so noted and forwarded immediately to the Juvenile Contact System. This monitoring system provided for additional review, as later materials such as Probation Reports, Youth and Family Information Forms, and School Records were collected and then compared against the original IYC.

During the review period, 314 forms were reviewed. During the first month, 104 IYCs were reviewed and 79 (76%) were returned for correction. During the second month, 144 forms were reviewed and 12 (8%) were returned. In April, out of the 66 forms reviewed, none were returned. In effect, the error rate during this period was decreased from 76% to 0.

In addition to the monitoring of the actual IYC instrument, records were kept on the performance of each Intake Worker in relation to the number of IYC errors committed. Disciplinary action, in the form of Counseling Memos, Official Letters of Reprimand, docking of pay and re-assignments, occurred as a direct result of this increased supervision. The Bureau of Population Management has continued to conduct random checks of the IYCs to establish and maintain quality control. A similar monitoring system also has been instituted within the Voluntary Agency Services Unit to ensure the accuracy of data collected on cooperative and replacement cases.

The Division for Youth is committed to providing the highest possible, most professional level of treatment and case planning for the youngsters entrusted to our care. To achieve this goal, we will continue to monitor the intake data flow and initiate whatever actions are necessary to maintain excellence.

Recommendation #4:

"Ensure that youth treatment plans are carefully prepared for each youth placed in DFY custody as required by Division management."

Response:

A major initiative of the Division for Youth during 1992 was the finalization of our new comprehensive Case Management System.

DFY's commitment to providing each youth with a pro-active and comprehensive treatment plan will be greatly enhanced with our new system.

The Case Management System was designed to replace the existing Problem Oriented Service Plan and to specifically:

- ensure that placement, movement and length of stay decisions take into consideration each youth's individual programmatic needs;
- improve continuity between facility and community program efforts with youth;
- ensure equitable access to treatment for each youth;
- provide consistent information for case accountability and Federal Reimbursement on each youth, and
- provide data for program development and program evaluation purposes.

The Case Management system is a computer-based, facility-generated document. Upon admission to program, each youth's needs will be evaluated and a treatment path identified.

Intake data and DFY's classification system will drive the initial assessment in conjunction with facility assessments and recommendations.

The initial assessment and resulting treatment plan will be developed within the first 30 days of a youth's admission to program. Subsequent reviews of each youth will be on a standardized time frame and ongoing.

DFY has finalized the document format and will begin field pilot projects December 1, 1992. Full agency-wide implementation of the system will commence by June 1993.

Recommendation #5:

"Manage facility counseling activities to ensure that:

- required counseling occurs;
- all counseling is documented and that each youths case file is properly maintained with the counseling history information;
- caseload standards are developed and enforced; and
- guidelines for supervision of counselors are developed and followed."

Response:

As stated previously, according to existing policy a youth is not mandated to receive any specific amount of counseling. DFY Policy # 3270, Section 3G, regarding counseling tasks of facility counselors, requires "regular individual and group counseling sessions". The Division does not specify requirements beyond this statement.

Until recently, the only procedural reference to a specific number of counseling sessions could be found in DFY's Facility Program and Management Auditing Instrument, Section M, Counseling Services. The instrument offered as a guideline that facilities provide one-hour group counseling sessions "minimally twice (2) per week" for residential programs and a 30-minute individual counseling session per week for each youth. As these guidelines have yet to be translated into DFY policy, they have been deleted from the Auditing Instrument pending the promulgation of the revised DFY Counseling Policy, which will outline specific guidelines for counseling sessions.

Again, it must be noted that regular counseling, both formally and informally, occurs at every facility on a daily basis. The facility itself is a controlled, therapeutic environment in which counseling is constantly being done by a variety of professional and para-professional staff.

With regard to documentation, the Division recognizes the advantages of having ongoing counseling documented and easily accessible within a youth's case record. Accordingly, the Division has implemented the use of a Counseling Attendance/ Summary Form in all residential facilities. This form provides a vehicle for documentation of group, individual and specialized counseling sessions on a daily basis, and will become part of each youth's permanent case record.

Caseload standards for counselors are determined by the number of counselors allocated to DFY in the agency budget. Currently, we are allocated one counselor per living unit or wing, which varies in size from 9 to 25 residents based on the

physical configuration and security level of each facility. On occasion, caseloads may increase due to the absence of a counselor due to a vacancy, long-term illness or injury, but this is the exception to the rule and not a general practice.

Finally, guidelines for supervision of counselors were developed years ago and incorporated into the individual tasks and standards of each counselor. The progress of each counselor in meeting these standards is evaluated by his or her supervisor on a bi-annual basis.

Recommendation #6:

"Manage community care counseling activities to ensure that:

- community counselors make all required contacts with the youths under their supervision;
- caseload standards for community counselors are enforced;
- community care counselors are properly supervised;
- all community care counseling is documented and filed in appropriate case files; and
- all community care counselor contacts made in service to assigned youth are documented and filed in appropriate case files."

Response:

The Community Care Program now uses an automated case contact log. Counselors record all contacts with youth and secretarial staff then enter these on a spreadsheet. This system allows Supervisors to verify that all mandated contacts are being made and documented by simply reviewing the logs. The contact log system is implemented in all offices.

Caseloads are now more evenly distributed between upstate and downstate. The statewide average caseload is now 17 youth (receiving Community Care services while living at home) per worker. The upstate average is 14; while the downstate is 20. Geography plays a greater role in increasing the upstate workload than is evident. This does not include those youth on pre-release status for whom Community Care Workers are performing home assessments and making release plans.

All Youth Division Counselors are currently completing POSP reports for youth on their caseloads.

Recommendation 7

"Ensure that youths released from residential facilities are contacted promptly by community care counselors."

Response

On page 17 of the audit report, it is stated that one youth out of 24 discharged to Division care during 1989 calendar year was not contacted promptly. The report goes on to say the Division said this was highly unusual. The auditors then reviewed 212 cases of youngsters listed on our automated case management information system for two offices in Brooklyn. Out of 212 cases, the auditors found that only one youth was released from a residential facility and never contacted by a Community Care Counselor. This supports the Division's belief that youngsters are, in fact, contacted promptly by Community Care Counselors when released from residential facilities; this is, in fact, the finding that the audit report reveals. A 99% rate of youngsters promptly contacted (238 out of a possible 241) is acceptable.

Recommendation #8:

"Ensure that caseload reports are complete and accurate."

Response:

Electronic Data Processing has provided training to all Community Care offices. This phase was completed in August 1992. Community Care Supervisors now are able to assign youth to counselors by direct entry. Supervisors will soon be trained to generate up-to-date rosters at their own offices.

Since Community Care can now self-correct the data base, there should be no inaccuracies in the reports.

Recommendation #9 and #10:

"Develop specialized counseling programs for sex offenders that adequately address the full extent of the problem among the youths in the Division's custody, both in residential facilities and in community care. Ensure that the programs are of sufficient duration and are presented by fully trained counselors."

"Accurately report the Division's ability to treat sex offenders in future statements to the Legislature."

Response to Recommendations 9 & 10

The Division for Youth supports this recommendation. The OSC findings and recommendations are not surprising, based as they are on case examples which pre-date the initiation of formalized counseling efforts for sex offenders. As the narrative below indicates, the Division is committed to meeting the needs of both adjudicated and "hidden" sex offenders in its care and to contributing substantially to the continuum of care for the prevention of sexual predation and exploitation.

On January 1, 1992, DFY had 149 sex offenders in custody, including offenders on community supervision. Compared with the available data for May 1989, which indicated that there were 149 adjudicated sex offenders in the DFY system, again including youths on community supervision, the need to provide focused treatment services would appear to be stable; however, an additional "special needs" group was identified in a 1985 study, in which the Division reviewed youth records to determine the degree to which a population of "hidden sex offenders" existed in DFY's custody. "Hidden sex offenders" were defined as youth who had either disclosed voluntarily a history of sex offenses, or who had documented in their records, arrests or other evidence, that they had committed a sexual offense for which they had not been formally charged or convicted. It was found that many such sex offense charges against juveniles had been reduced or plea bargained to lesser charges. As a result of the 1985 study, it was estimated that 11% of the DFY population could be considered "hidden sex offenders." Thus, the scope of need for focused sex offender interventions extended beyond the number of adjudicated offenders to a "high risk" group, which included as many as 15% of youth in the Division's custody. Data from the 1990 and 1991 DFY admissions, after analysis of formalized intake screening data, showed an increase in the number of screened sex offenders from 3.1% of all admissions in 1990 to 3.7% of all admissions in 1991.

To approximate what needs to be done to treat these offenders and to prevent re-offending behavior, the Division has taken the following steps:

- In May 1988, the Division hired an adolescent Sex Offender Program Specialist who provides ongoing program development, program review, evaluation and technical assistance to facility and Community Care staff.

- An agency sex offender treatment model was developed in late 1988, which outlines the core elements of facility-based sex offender programs.

- During 1989, the Division provided three-day human sexuality training for staff at Highland Residential Center, MacCormick Residential Center and Harlem Valley Secure Center.

- The Division provided 21 days of specialized training for line staff from January to March of 1990 on the assessment and treatment of juvenile sex offenders utilizing nationally recognized experts in the field of juvenile sexual offending.

- Over 50 DFY staff participated in the Fifth National Task Force on Juvenile Sexual Offending Training Conference, held in Albany during October 1990.

- Starting in February 1991, the Adolescent Sex Offender Program Specialist has been providing a two-day National Institute of Corrections curriculum training to DFY staff at Tryon Residential Center, Cass Residential Center, Adirondack Residential Center and the Capital District Community Residential (group) Homes.

- Selected staff are being sent to specialized training on how to develop and implement effective approaches to deal with sex offenders at both the policy and program level.

Despite progress in developing comprehensive services for juvenile sex offenders in the DFY system, due to the state's fiscal crisis, no additional funds have ever been allocated to this initiative.

During the 1990 and 1991 fiscal crises, sex offender programs were further affected by the displacement of trained staff from their assignments in sex offender living units or outpatient programs by staff who were RIFed in non-specialized programs.

The Division recognizes that a service capacity gap exists between the number of youth (108) needing sex offender treatment services in residential care and the 78 "slots" currently available in established programs with trained staff. Despite continuing fiscal constraints the Division continues to develop

treatment programs for juvenile sex offenders at appropriate levels of custody. Moreover, every effort is being made to establish linkages with other providers to ensure a continuum and continuity of treatment services for youth returning to the community.

Recommendation #11 and #12:

"Develop specialized counseling programs for substance abuse that adequately address the full extent of the problem among the youths in the Division's custody. Ensure that the programs are of sufficient duration and are presented by fully trained counselors."

"Provide substance abuse training to all counselors as quickly as possible."

Response to Recommendations 11 and 12:

As with its response to Recommendations 9 and 10, the Division concurs that specialized counseling services for substance abusing youth are necessary. Once again, it must be pointed out that the cases selected for this audit pre-date the inception of the Division's anti-drug abuse campaign. Details of the initiative follow:

In 1991, 43.8% of youth admitted to the Division for Youth were placed or sentenced for drug-related crimes; 55% of all youth were screened at intake as needing intervention services for their involvement with alcohol or illicit drugs. This percentage includes the 50.7% of incoming youth with identified "moderate" or "serious" need for treatment services and those with "incipient" needs or high risk factors associated with family abuse histories. DFY began its ambitious anti-drug abuse initiative in 1988 and has succeeded in implementing an effective intervention model for substance-involved youth admitted to residential care. While a service gap exists between the number of youth being admitted to DFY custody with substance abuse treatment needs and the number of implemented programs in facilities, the Division is currently working on a plan to close the gap using existing resources. Specifically, if 57% of DFY's 1990 daily of 2,015 youth need substance abuse treatment services, based upon Intake Classification screening, then the demand on the system would be for approximately 1,148 service "slots". At least 510 of these youth might require treatment within the intensive programs contained within discrete living units. Virtually all of these "special needs"

youth would require continued treatment in their communities to support their recovery process, which the literature on addictive behaviors indicates is an ongoing effort.

Currently, capacity exists for 358 youth to receive specific substance abuse treatment services while in the Division's residential care; 168 of these youth are placed in discrete, intensive, living unit programs. This leaves a service "gap" of 790 youth, most of which might benefit from intensive services. Development of these programs for alcohol and substance-involved youth was supported by funding through DSAS to the Narcotics and Drug Research, Inc. Training Institute, from federal monies under the Task Force on Integrated Projects (TFIP). This funded initiative was completed in September 1991. Due to the lack of additional resources for staff development, overtime and relief costs to provide training, and for the continued monitoring, quality assurance and refinement of treatment programs, closing this gap is anticipated to be a multi-year process.

Since 1989, approximately 400 facility-based staff, including 12 psychologists, more than 120 Youth Division Counselors or Senior Counselors and 240 Youth Division Aides, have received up to 15 days of training in the assessment and treatment of youth with substance abuse problems. In addition, 38 Intake Workers received four days of training in the recognition of substance abuse problems in youth and in the implementation of a screening instrument to be used for "special needs" decision-making in the Division's Classification system. To assure a mechanism for continuity of care as youth transition to their communities from residential care, 65 Community Care Workers participated in Alcohol/Substance Abuse Awareness and intervention strategy training. This ambitious staff development effort was coordinated from Central Office by a Substance Abuse Treatment Specialist, hired in May 1988.

Moreover, the Division considers that all youth admitted into its custody are "in need" of substance abuse prevention/education services as "at risk" youth. To respond to the needs of youth for substance abuse prevention/education services, the Division maintains the above service capacity to provide regularly scheduled group counseling programs, self-help programs and Innervisions, a Washington state-developed education and social skills program for the prevention of abuse behaviors. Funded from the federal Drug-Free Schools and Communities Act (DFSCA), beginning in FY 90-91, this $6,000 per year grant has supported an effort that exposes all youth in 30 non-community based DFY facilities to the Innervisions program.

A new initiative to continue substance abuse treatment after a youth returns to the community is the In-Home Intensive Treatment and Supervision (IHITS) program, funded via DSAS and the federal Office of Treatment Improvement at $1.8 million for four years. This is a much-needed "continuity of care" program for substance-abusing youth, affording them additional support in their recovery processes after they transition home from residential care. This pilot program has been implemented by contracts with community-based organizations to provide both direct admission and continuing treatment to youth "stepping down" from facility-based treatment programs.